

to Don  
From Zimothy

EPA

P 360 177 077

CERTIFIED MAIL RECEIPT # ~~Z-000-000-000~~

Benny Webb

Mr ~~Mrs~~ Facility Rep  
Company Name Arkansas Terminaling & Trading  
Correspondence Address Route 1 Box 67A Central  
~~City State, Zip Code~~ North Little Rock, Arkansas 72117

RE FRP/SPCC/EPCRA Inspection Report  
~~Facility Name~~ Arkansas Terminaling & Trading  
FRP-06 (~~2 Letter State Code~~) (~~5 digit number~~) AR-00042  
FY (~~Assigned FY number for FRP~~) 97013

Dear Mr ~~Mrs~~ <sup>Webb</sup> Facility Rep

March 27, 1997  
On ~~(date of inspection)~~, representatives of the U S Environmental Protection Agency (EPA) conducted an Oil Pollution Prevention (40 CFR Part 112) inspection. The inspection included a Facility Response Plan (FRP) Spill Prevention Control and Countermeasure (SPCC) and Emergency Planning and Community Right-to-Know Act (EPCRA) compliance review for the above named facility. During the compliance review the following deficiencies were noted:

FACILITY RESPONSE PLAN

[For specific deficiencies see Attachment A Facility Response Plan Checklist]

The facility owner/operator has not implemented the requirements as per section 4202(a)(5)(E)(ii) of the Oil Pollution Act of 1990 as codified in 40 CFR Part 112.20 due to the deficiencies listed below:

- ~~F1~~ The FRP is not prepared and submitted in accordance with 40 CFR Part 112.20
- ~~F2~~ FRP amendment(s) not submitted in accordance with 40 CFR Part 112.20
- ~~F3~~ The facility owner/operator did not maintain the substantial harm certification as required by 40 CFR Part 112.20(e)
- ~~F4~~ FRP is not consistent with NCP/ACP as required by 40 CFR Part 112.20(g). NCP/ACP require coordination, mitigation, communication, containment, and removal constituents.

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- ~~F5~~ Contents of plan are not consistent with model plan as required by 40 CFR Part 112.20 (h) or its equivalent. See Attachment A FRP Checklist. All items must be addressed or stated as non-applicable.
- ~~F6~~ Incomplete facility information as required by 40 CFR Part 112.20 (h)(2). See section 1.2 of FRP the checklist.
- ~~E7~~ Inadequate emergency response information as required by 40 CFR Part 112.20 (h)(3). Incomplete emergency notification phone list. See section 1.4.1 of the FRP checklist. Incomplete response equipment list. See section 1.3.2 of the FRP checklist. Incomplete response equipment testing and/or drill logs, see section 1.3.3 of the FRP checklist. Incomplete response personnel information, see section 1.3.4 of the FRP checklist. Incomplete evacuation plans. See section 1.3.5 of the FRP checklist. Incomplete description of qualified individuals duties, see section 1.3.6 of the FRP checklist.
- ~~F8~~ Insufficient hazard evaluation information as required by 40 CFR Part 112.20(h)(4). Incomplete hazard identification information. See section 1.4.1 of the FRP checklist. Incomplete analysis of oil spill effects on vulnerable areas. See section 1.4.2 of the FRP checklist. Incomplete analysis of potential for an oil spill, see section 1.4.3 of the FRP checklist. Inadequate discussion of oil spill history, see section 1.4.4 of the FRP checklist.
- ~~E9~~ Inadequate discussion of response planning levels as required by 40 CFR Part 112.20 (h)(5). Incomplete or no description of small and/or medium discharge scenarios. See section 1.5.1 of the FRP checklist. Incomplete or no description of worst case scenario. See section 1.5.2 of the FRP checklist.
- ~~F40~~ Inadequate discussion of discharge detection as required by 40 CFR Part 112.20(h)(6). Incomplete description of discharge detection systems. See section 1.6 of the FRP checklist.
- ~~E11~~ Inadequate discussion of plan implementation as required by 40 CFR Part 112.20 (h)(7). Incomplete identification and/or description of response resources. See section 1.7.1 of the FRP checklist. Disposal plans incomplete, see section 1.7.2 of the FRP checklist. Incomplete or no description of containment and/or drainage plan. See section 1.7.3 of the FRP checklist.
- ~~E12~~ Inadequate self inspection, drills/exercises and response training as required by 40 CFR Part 112.20 (h)(8). Incomplete self-inspection, see section 1.8.1 of the FRP checklist. Incomplete description of facility drills exercises and/or logs, see section 1.8.2 of the FRP checklist. Incomplete description of response training and/or logs, see section 1.8.3 of the FRP checklist.
- ~~E13~~ Inadequate site diagrams as required by 40 CFR Part 112.20(h)(9). Incomplete information on Site Plan, Drainage Plan, and/or Evacuation Plan diagrams. See section 1.9 of the FRP checklist.

- ~~B14~~ Inadequate description of facility security systems as required by 40 CFR Part 112 20(h)(10) Incomplete description of security systems see section 1 10 of the FRP checklist

### SPILL PREVENTION CONTROL AND COUNTERMEASURE

[For specific deficiencies see Attachment B SPCC Checklist]

### **STATE DEFICIENCIES BELOW THAT APPLY FOLLOWED BY WHY THEY APPLY EXAMPLE**

**Inadequate secondary containment or diversionary structures as required by 40 CFR Part 112 7(e)(2)(ii) and (c)(1) Secondary containment for tank \_\_\_\_ was eroded at the south berm If SPCC Plan deficiency, insert “insufficient/incomplete/inadequate discussion of” where appropriate**

SPCC plan inadequately implemented as required by 40 CFR Part 112 3 due to the deficiencies listed below

- S1 SPCC plan not prepared certified by a P E and/or not available as required by 40 CFR 112 3
- S2 No evidence of management approval of SPCC plan as required by 40 CFR Part 112 7
- S3 No evidence of three year review and/or certified amendments as required by 40 CFR Part 112 5
- S4 Insufficient or no prediction of equipment failure and resulting discharge as required by 40 CFR Part 112 7(b)
- S5 Insufficient or no discussion of appropriate containment and/or diversionary structures or equipment in plan as required by 40 CFR Part 112 7(c)
- S6 Insufficient demonstration of impracticality of secondary containment and/or no strong contingency plan (40 CFR Part 109) as required by 40 CFR Part 112 7(d)
- S7 Incomplete or no written procedures and/or inspection records as required by 40 CFR Part 112 7(e)(8)
- ~~S8~~ S8 Incomplete or no personnel training and spill prevention procedures as required by 40 CFR Part 112 7(e)(10)

### **ONSHORE FACILITIES (EXCLUDING PRODUCTION)**

- S9 Inadequate diked-area drainage equipment or procedure, and/or in-plant drainage system not adequately engineered [40 CFR Part 112 7(e)(1) and 112 7(e) (2)(iii)]

- S10 Inadequate tank construction materials and/or materials not compatible with contents [40 CFR Part 112 7 (e)(2)(i)]
- S11 Inadequate secondary containment or diversionary structures [40 CFR Part 112 7 (e)(2)(ii) and (c)(1)]

**Standardized comments for secondary containment**

**Erosion of secondary containment berms**

**Breach in the secondary containment berm(s)**

**Capacity of the secondary containment is inadequate to contain the contents of the largest tank**

**Excessive vegetation in the secondary containment**

**Excessive pooling of liquids in the secondary containment**

**Secondary containment construction design/materials is not sufficiently impermeable to the potential (tank) contents**

- S12 Buried and partially buried tanks not protected from corrosion and/or subjected to regular pressure testing as required by 40 CFR Part 112 7(e)(2)(iv) and (v)
- S13 Inadequate maintenance of aboveground tanks and/or tanks not subject to periodic inspection, integrity testing and/or records of inspection not maintained [40 CFR Part 112 7(e)(2)(vi)]

**example comments**

**excessive corrosion of tank**

**excessive weeping/leaking from tank rivets/bolts/seams**

**advanced foundation erosion or settling**

- S14 Steam return from internal heating coils not monitored or passed through a separation system as required by 40 CFR Part 112 7(e)(2)(vii)
- S15 Tank installations not fail-safe engineered as required by 40 CFR Part 112 7(e)(2)(viii)
- S16 Facility effluent discharged to navigable waters not observed frequently enough to detect system upsets as required by 40 CFR Part 112 7(e)(2)(ix)
- S17 Visible oil leaks resulting in accumulations of oil in diked areas not promptly corrected as required by 40 CFR Part 112 7(e)(2)(x)
- S18 Portable oil storage tanks not positioned to prevent spilled oil from reaching navigable waters or are located in possible flooding area [40 CFR Part 112 7(e)(2)(xi)]
- ~~S19~~ Inadequate facility transfer operations pumping, and in plant processes [40 CFR Part 112 7(e)(3)] **choose what applies** (i) corrosion protection for buried pipelines (ii) not-in service or extended standby transfer points capped or blank

flanged and marked as to origin, ~~(iii)~~ <sup>STE</sup> piping supports to minimize abrasion, corrosion and allow expansion/contraction, ~~(iv)~~ aboveground valves and pipelines inspected regularly and periodically pressure tested ~~(v)~~ vehicle traffic warned of aboveground pipelines

- S20 Inadequate facility tank car and tank truck loading and unloading rack and/or loading procedures [40 CFR Part 112 7(e)(4)] **choose what applies** (i) secondary containment for rack (iii) warning or barriers to prevent vehicular departure prior to disconnect (iv) vehicle inspection prior to departure
- S21 Inadequate facility security [40 CFR Part 112 7(e)(9)] **choose what applies** (i) fenced with locked and or guarded gates (ii) locked, closed tank drain valves which allow outside flow (iii) locked pump controls are only accessible to authorized personnel (iv) load/unload connections capped or blank flanged when out-of-service or extended standby, (v) facility lighting for spill discovery and or vandalism prevention

#### OIL PRODUCTION FACILITY (ONSHORE)

- S9 Inadequate secondary containment drainage procedures and/or oil accumulation removal from ditches traps sumps or skimmers {40 CFR Part 112 7(e)(5)(ii)}
- S10 Inadequate tank construction materials and/or materials not compatible with contents [40 CFR Part 112 7(e)(5)(iii)(A)]
- S11 Inadequate secondary containment [40 CFR Part 112 7(e)(5)(iii)(B) and (c)(1)]

#### Standardized comments for secondary containment

**Erosion of secondary containment berms**

**Breach in the secondary containment berm(s)**

**Capacity of the secondary containment is inadequate to contain the contents of the largest tank**

**Excessive vegetation in the secondary containment**

**Excessive pooling of liquids in the secondary containment**

**Secondary containment construction design/materials is not sufficiently impermeable to the potential (tank) contents**

- S12 Inadequate maintenance inspection of storage tanks including foundations and or supports [40 CFR Part 112 7(e)(5)(iii)(C)]

#### Example comments

**excessive corrosion of tank**

**excessive weeping/leaking from tank rivets/bolts/seams**

**advanced foundation erosion or settling**

- S13 Tank installations not-fail safe engineered [40 CFR Part 112 7(e)(5)(iii)(D)]  
(1) inadequate tank capacity to prevent overfill, (2) Insufficient or no equalizing lines between tanks, (3) inadequate vacuum protection for tanks (4) Insufficient or no high level sensors where facility is part of a computer production control system
- S14 Inadequate maintenance/inspection of pipelines valves flowlines pumping well polish rod stuffing boxes etc [40 CFR Part 112 7(e)(5)(iv)]

#### OFFSHORE PRODUCTION

- S9 Inadequate or no oil drainage collection equipment/system (Such as curbing, drip pans, and sump system) [40 CFR Part 112 7(e)(7)(ii)]
- S10 Inadequate maintenance/inspection of sump system [40 CFR Part 112 7(e)(7)(iii)]
- S11 Separators/treaters not engineered to prevent oil discharges and/or inadequate spill prevention system [40 CFR Part 112 7(e)(7)(iv)]
- S12 Tanks not engineered to prevent oil discharges and/or inadequate system [40 CFR Part 112 7(e)(7)(v) or (vi)]
- S13 Tanks not suitably corrosion protected [40 CFR Part 112 7(e)(7)(vii)]
- S14 Inadequate maintenance inspection and testing of pollution prevention equipment and systems and/or written procedures maintained at facility and plan as required by 40 CFR Part 112 7(e)(7)(viii) and (ix)
- S15 Manifold not equipped with check valves for all flowlines [ 40 CFR Part 112 7(e)(7)(xiv)]
- S16 No high-pressure sensing devices/wellhead shut in valves/alternate pressure relief system [40 CFR Part 112 7(e)(7)(xv)]
- S17 Inadequate corrosion protection of facility pipelines [40 CFR Part 112 7(e)(7)(xvi)(xvii), and (xviii)]

#### EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT

- No deficiencies were identified under EPCRA The facility had filed the proper chemical inventory reports (Tier II) under EPCRA for the preceding calendar year at the time of the notice of inspection
- ~~The facility had not filed the proper chemical inventory reports (Tier II) under EPCRA at the time of the notice of inspection for the preceding calendar year~~

### ADDITIONAL COMMENTS AND RECOMMENDATIONS

Based on the operational interviews and field inspection the following are recommendations which may improve or enhance the response capability for this facility

**use statements suggested by EPA team leader, such as**

- ① You should discuss command and control operations (incident command system/unified command system) with your spill response contractor. Command center accommodations and communications during a spill should be identified and stated in the FRP.
- ② It is recommended that you contact the Local Emergency Planning Committee (LEPC) concerning your Facility Response Plan to facilitate coordination with community emergency response activities and to make your plan available to the LEPC upon their request.
- ③ It is recommended that you contact your spill response contractor regarding spill mitigation procedures. This includes mechanical methods to be employed by spill cleanup contractor.
- ④ It is recommended that recognized training for spill prevention and response be scheduled and implemented for response personnel.

#### **If the facility plans to decommission tanks**

- If any fuel oil ASTs are to be decommissioned, the procedures stated in the proposed SPCC regulations under the definition of permanently closed tank should be used [40 CFR Part 112.2(o)]

#### **If the facility is located on a lake (TU facilities)**

- The (dam and/or water intake operator) should be contacted about the oil spill possibility and the procedures to be used for 24-hour notification of a spill to the lake.

According to Section 4301(b) of the Oil Pollution Act (OPA), owners or operators of facilities subject to Part 112 who violate the requirements of this part 112 by failing or refusing to comply with any of the provisions shall be liable for a civil penalty of up to \$27,500 for each day such violation continues.

Please provide to this office within 30 days of the date of receipt of this report information photographs etc. as necessary to clearly demonstrate that the above deficiencies have been corrected or provide a firm schedule for achieving compliance with the oil pollution regulations.

If no response is received within 30 days potential enforcement actions may follow Please provide your response to

*Karen*  
**Name of EPA Inspector (6SF-RP)**  
Environmental Protection Agency  
P O Box 303  
Dallas Texas 75221

If you have any questions regarding this correspondence, please contact (**Name of EPA Inspector**)  
at 214/665-extn *4365*

Sincerely

Donald P Smith  
~~Senior~~ On-Scene Coordinator (6SF-RP)  
214/245-1134

Attachments

- A FRP Checklist
- B SPCC Checklist



ATTACHMENT A  
FRP CHECKLIST

# FACILITY RESPONSE PLAN CHECKLIST

## COVER SHEET

SITE NUMBER TBA FY- INSPECTION FY-97-013

FRP ID# FRP06A1173 REGIONAL ID# FRP-06-AR-00042

Facility Name ARKANSAS TERM & TRAD-NO Owner/ Operator ARKANSAS TERM & TRAD

MSO N/A

Inspectors Name \_\_\_\_\_ Affiliation START

Date of Plan Review 04/01/1997 Date of Field Inspection 03/27/1997

### Compliance with Appendix F to Part 112

☐

The Facility Response Plan follows the specific format in Appendix F to Part 112

☒

The Facility Response Plan does not follow the specific format in Appendix F to Part 112 but includes an Emergency Response Action Plan as specified in paragraph (h)(i) that is supplemented with a cross-reference section to identify the location of elements listed in paragraphs (h)(2) through (h)(11) of 40 CFR 112.20

☐

The Facility Response Plan does not follow the specific format in Appendix F to Part 112 and is not supplemented with a cross-reference section to identify the location of elements listed in paragraphs (h)(1) through (h)(11) of 40 CFR 112.20

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Response Plan Cover Sheet (sec 2 0)	<input type="radio"/> YES <input type="radio"/> NO	
General Information (sec 2 1)	<input type="radio"/> YES <input type="radio"/> NO	
Applicability of Substantial Harm Criteria (sec 2 2)	<input type="radio"/> YES <input type="radio"/> NO	
Certification (sec 2 3)	<input type="radio"/> YES <input type="radio"/> NO	

Please use the following space to note any missing or incomplete information

OK

Emergency Response Action Plan (ERAP) (sec 1 1)	<input type="radio"/> YES <input type="radio"/> NO	
Qualified Individual (QI) Information (sec 1 2)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Emergency Notification List (sec 1 3 1)	<input type="radio"/> YES <input type="radio"/> NO	
Spill Response Notification Form (sec 1 3 1)	<input type="radio"/> YES <input type="radio"/> NO	
Response Equipment List and Location (sec 1 3 2)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Response Equipment Testing and Deployment (sec 1 3 3)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Facility Response Team List (sec 1 3 4)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Evacuation Plan (sec 1 3 5)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Immediate Actions (sec 1 7 1)	<input type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Facility Diagrams (sec 1 9)	<input type="radio"/> YES <input type="radio"/> NO	

\*The sections above should be extracted from the more detailed corresponding sections of the plan Please use the following space to note any missing or incomplete information

Need to address equipment testing and deployment in plan

Facility Information (sec 1 2)		
Facility name (sec 1 2 1)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Street address	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
City state zip	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
County	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Phone number	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Latitude/longitude (sec 1 2 2)	<input type="radio"/> YES <input type="radio"/> NO	
Wellhead protection area (sec 1 2 3)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Owner/operator (both names included if different) (sec 1 2 4)	<input type="radio"/> YES <input type="radio"/> NO	
QI Information (sec 1 2 5) (Name position street address phone numbers)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Description of specific response training experience	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Oil storage start up date (sec 1 2 6)	<input type="radio"/> YES <input type="radio"/> NO	
Facility operations description (sec 1 2 7)	<input type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Standard Industrial Classification code	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Dates and types of substantial expansion (sec 1 2 8)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

Zip code missing  
Q I needs training

Emergency Response Information (sec 1 3)		
Notification (sec 1 3 1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Emergency Notification Phone List	<input checked="" type="radio"/> YES <input type="radio"/> NO	
National Response Center phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
QI (day and evening) phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Company response team (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Federal On Scene Coordinator (OSC) and/or Regional response center (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Local response team phone numbers (Fire Department/Cooperatives)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Fire marshal (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
SERC (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO	
State police phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
LEPC phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Wastewater treatment facility(s) name and phone number (recommended)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Local water supply system (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Weather report phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Local TV/radio phone number(s) for evacuation notification	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Hospital phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Spill Response Notification Form	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Please use the following space to note any missing or incomplete information

Good 

Response Equipment List (sec 1 3 2)	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Skimmers/Pumps	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Operational Status	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Type Model and Year	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Number of or Quantity	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Capacity	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Daily Effective Recovery Rate	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Storage Location(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Date Fuel Last Changed	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Boom	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Type Model and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Number	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Size (length)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Containment Area	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Storage Location	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Chemicals Stored	<input checked="" type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
Type	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
Quantity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Shelf life	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Date Authorized	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Dispersant Dispensing Equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Capacity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Storage Location	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Response Time	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Sorbents	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Operational Status	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Type and Year Purchased	<input type="radio"/> YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Amount	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Absorption Capacity	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Storage Location(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Hand Tools	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Operational Status	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Type and Year	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Quantity	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Storage Location	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Communication Equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Quantity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	



REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Storage Location/Number	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Fire Fighting and Personnel Protective Equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Operational Status	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
Quantity	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Storage Location	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Other (e.g. Heavy Equipment Boats and Motors)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Operational Status	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Type and Year	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Quantity	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Storage Location	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

Year missing in description of some equipment Other information such as capacity daily effective recovery rate and fuel change missing for some equipment

Response Equipment Testing and Deployment Drill Log (sec 133)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A
Date of Last Inspection or Equipment Test	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Inspection Frequency	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Date of Last Deployment Drill	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Deployment Frequency	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Oil Spill Response Organization (OSRO) Certification	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

Deficient 

Personnel (sec 1 3 4)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Emergency Response Personnel Information	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Name	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Response time	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Responsibility	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Type and date of response training	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Emergency Response Contractor Information	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Name	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Response time	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Evidence of contractual arrangements	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Facility Response Team Information	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Job title/position of emergency response personnel	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Response time	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Phone/pager	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Name of emergency response contractor (Contractors providing facility response team services may be different than contractors providing oil spill response services)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Response time	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Phone/pager	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

No response times are listed for personnel

Evacuation Plans (sec 1 3 5)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Facility Evacuation Plan (sec 1 3 5 1)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Location of stored materials	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Hazard imposed by spilled materials	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Spill flow direction	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Prevailing wind directions and speed	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Water currents tides or wave conditions (if applicable)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A
Arrival route of emergency response personnel and response equipment	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Evacuation routes	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Alternative routes of evacuation	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Transportation of injured personnel to nearest emergency medical facility	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Location of alarm/notification systems	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
Centralized check in area for roll call	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Mitigation command center location	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Location of shelter at facility	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Community Evacuation Plans referenced (sec 1 3 5 3)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A

Please use the following space to describe the evacuation plan being careful to note any observations/information (i.e. viability usability) that would be helpful in making a determination of sufficiency or deficiency

Need to reference community evacuation plans Several items are missing for the evacuation plans Q I needs to have a better understanding of the spill pathway

Description of Qualified Individual's Duties (sec 1 3 6)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Activate internal alarms and hazard communication systems	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Notify response personnel	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Identify character exact source amount and extent of the release	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
- Notify and provide information to appropriate Federal State and local authorities	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Assess interaction of spilled substance with water and/or other substances stored at facility and notify on scene response personnel of assessment	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Assess possible hazards to human health and the environment	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Assess and implement prompt removal actions	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Coordinate rescue and response actions	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Access company funding to initiate cleanup activities	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Direct cleanup activities	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

Please use the following space to note any missing or incomplete information



Hazard Evaluation (sec 1 4)		
Hazard Identification (sec 1 4 1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Tank and Surface Impoundment Forms	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Tanks	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Tank Number(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Substance(s) Stored	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Quantity(s) Stored	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Tank Type(s)/Year(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Maximum Capacity(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Failure(s)/Cause(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Surface Impoundments (SI)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
SI Number(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Substance(s) Stored	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Quantity(s) Stored	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Surface Area(s)/Year(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Maximum Capacity(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Failure(s)/Cause(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Labeled schematic drawing	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Description of transfers (loading and unloading) and volume of material	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Description of daily operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Secondary containment volume	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Normal daily throughput of the facility	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

OK 

Vulnerability Analysis (sec 142)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Analysis of potential effects of an oil spill on vulnerable areas	<input type="radio"/> YES <input type="radio"/> NO	
Water intakes	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Schools	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Medical facilities	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Residential areas	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Businesses	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Wetlands or other sensitive environments	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Fish and wildlife	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Lakes and streams	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Endangered flora and fauna	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Recreational areas	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Transportation routes (air land and water)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Utilities	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Other applicable areas	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to assess the description of the vulnerability analysis being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

No description of impacted wildlife in plan

Analysis of the Potential for an Oil Spill (sec 1 4 3)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Description of likelihood of release occurring	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Oil spill history for the life of the facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Horizontal range of potential spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Vulnerability to natural disaster	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Tank age	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Other factors (e g unstable soils earthquake zones Karst topography etc )	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Facility Reportable Oil Spill History Description (sec 1 4 4)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Date of discharge(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
List of discharge causes	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Material(s) discharged	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Amount of discharges in gallons	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	



REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Amount that reached navigable waters (if applicable)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Effectiveness and capacity of secondary containment	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Clean up actions taken	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Steps taken to reduce possibility of reoccurrence	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Total oil storage capacity of tank(s) or impoundment(s) from which material discharged	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Enforcement actions	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Effectiveness of monitoring equipment	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Spill detection	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

OK 

Discharge Scenarios (sec 1 5)		
Small Discharges (sec 1 5 1)	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	
Description of small discharge scenarios addressing facility operations and components (sec 1 5 1 1)	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	
Loading and unloading operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Facility maintenance operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Facility piping	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Pumping stations and sumps	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Oil storage tanks	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Vehicle refueling operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Age and condition of facility and components	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Description of factors affecting response efforts (sec 1 5 1 2)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Size of spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Proximity to downgradient water	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Proximity to fish and wildlife and sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Likelihood that discharge will travel offsite	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Location of material spilled (i.e. on concrete pad or soil)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Material discharged	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Weather or aquatic conditions	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Available remediation equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Probability of a chain reaction or failures	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Direction of spill pathway	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Medium Discharges (sec 1 5 1)	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	
Description of medium discharge scenarios addressing facility operations and components (sec 1 5 1 1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Loading and unloading operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Facility maintenance operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Facility piping	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Pumping stations and sumps	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Oil storage tanks	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Vehicle refueling operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Age and condition of facility and components	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Description of factors affecting response efforts (sec 1512)	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	
Size of spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Proximity to downgradient water	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Proximity to fish and wildlife and sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Likelihood that discharge will travel offsite	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Location of material spilled (i.e. on concrete pad or soil)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Material discharged	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Weather or aquatic conditions	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Available remediation equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Probability of a chain reaction or failures	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Direction of spill pathway	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Please use the following space to assess the description of conditions at the facility being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

Need to include description of weather and aquatic conditions in plan

Worst Case Discharge (sec 1 5 2 )	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Correct Worst Case Discharge calculation for specific type of facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Description of worst case discharge scenario	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Loading and unloading operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Facility maintenance operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Facility piping	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Pumping stations and sumps	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Oil storage tanks	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Vehicle refueling operations	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Age and condition of facility and components	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Description of factors affecting response efforts (sec 1 5 1 2)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Size of spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Proximity to downgradient water	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Proximity to fish and wildlife and sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Likelihood that discharge will travel offsite	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Location of material spilled (i.e. on concrete pad or soil)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Material discharged	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Weather or aquatic conditions	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Available remediation equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Probability of a chain reaction or failures	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Direction of spill pathway	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Discharge Detection Systems (sec 1 6)		
Discharge Detection by Personnel (sec 1 6 1)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Description of procedures and personnel for spill detection	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Description of facility inspections	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Description of initial response actions	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Emergency Response Information (referenced)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to assess the description of conditions at the facility and/or discharge detection being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

Deficient Information pertaining to worst case discharge missing from plan

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Automated Discharge Detection (sec 1 6 2)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
- Description of automatic spill detection equipment including overfill alarms and secondary containment sensors	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
- Description of alarm verification procedures and subsequent actions	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A

Please use the following space to assess the description of automated discharge detection systems and related conditions at the facility being careful to note observations/information that would be helpful in making a determination of sufficiency or deficiency

OK 

Plan Implementation (sec 1 7)		
- Identification of response resources for small medium and worst case spills (sec 1 7 1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Description of response actions	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Emergency plans for spill response	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Additional response training	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Additional contracted help	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Access to additional response equipment/experts	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Ability to implement plan including response training and practice drills	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Temporary Storage	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

Please use the following space to assess the adequacy of response resources and response actions for small medium and worst case spills be careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

OK

Disposal Plan (sec 1 7 2)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Description of procedures for recovering reusing decontaminating or disposing of materials	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Materials addressed in Disposal Plan (Recovered product contaminated soil contaminated equipment and materials personnel protective equipment decontamination solutions absorbents spent chemicals)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Plan prepared in accordance with any Federal State and/or local regulations	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Plan addresses permits required to transport or dispose of recovered materials	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

Please use the following space to assess the description of procedures for recovering reusing decontaminating or disposing of materials being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

No discussion of regulations or permits

Containment and Drainage Planning (sec 1 7 3)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Description of containing/controlling a spill through drainage	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Containment volume	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Drainage route from oil storage and transfer areas	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Construction materials in drainage troughs	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Type and number of valves and separators in drainage system	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Sump pump capacities	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Containment capacities of weirs and booms and their location	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Other clean up materials	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to assess the description of containing/controlling a spill through drainage being careful to note any observations/information that would be helpful in making a determinatin of sufficiency or deficiency



Self Inspection Training and Meeting Logs (sec 1 8)		
Facility Self Inspection (sec 1 8 1)	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Records of tank inspections contained or cross referenced in plan or maintained electronically	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Records of secondary containment inspections contained or cross referenced in plan or maintained electronically	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
- Response Equipment Checklist (sec 1 8 1 2)	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Inventory (item and quantity)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Storage location	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Accessibility (time to access and respond)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Operational status/condition	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A



REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Actual use/testing (last test date and frequency of testing)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A
Shelf life (present age expected replacement date)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A
- Response Equipment Inspection Log	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Inspection records maintained for 5 years	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

Please use the following space to assess the description of facility self inspection and adequacy of response equipment at facility being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

No descriptions of records being maintained in plan Facility does not follow PREP guidelines

Facility Drills/Exercises (sec 1 8 2)	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
- Description of drill/exercise program based on PREP guidelines or other comparable program	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
QI notification drill	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Spill management team tabletop exercise	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Equipment deployment exercise	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Unannounced exercise	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Area exercise	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
- Description of evaluation procedures for drill program	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Qualified Individual Notification Drill Log (sec 1 8 2 1) (Date company qualified individual emergency scenario evaluation)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
- Spill Management Team Tabletop Drill Log (sec 1 8 2 2) (Date company qualified individual emergency scenario evaluation changes to be implemented time table for implementation)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Response Training (sec 1 8 3)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Description of Response Training program (including topics)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Personnel Response Training Logs (Name response training date/and number of hours prevention training date/ and number of hours)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Discharge Prevention Meeting Logs (Date attendees)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

Please use the following space to assess the description of the response training program being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

No oil spill training no HAZWOPR training Facility does not follow PREP guidelines

Diagrams (sec 1 9)		
Site Plan Diagram	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	
Entire facility to scale	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Above and below ground storage tanks	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Contents and capacities of bulk oil storage tanks and drum oil storage areas	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Process building	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Transfer areas	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Location and capacity of secondary containment systems	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Location of hazardous materials	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Location of communications and emergency response equipment	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Location of electrical equipment that might contain oil	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to note any missing or incomplete information

Site Drainage Plan Diagram	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	
Major sanitary and storm sewers manholes and drains	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Weirs and shut off valves	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Surface water receiving streams	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Fire fighting water sources	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Other utilities	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Response personnel ingress and egress	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Response equipment transportation routes	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Direction of spill flow from discharge points	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Please use the following space to note any missing or incomplete information

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Site Evacuation Plan Diagram	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Evacuation routes	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Location of regrouping areas	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Please use the following space to note any missing or incomplete information

OK

Site Security (sec 1 10)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Description of facility security (Emergency cut off locations enclosures guards and their duties lighting valve and pump locks pipeline connection caps)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO

Please use the following space to assess the description of facility security being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

OK

ATTACHMENT B

SPCC CHECKLIST

# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 6

1445 Ross Avenue, Suite 1200

Dallas, Texas 75202-2733

## ACKNOWLEDGEMENT AND RECORD OF SPCC INSPECTION/PLAN REVIEW

SPCC CASE # FY-INSP-970031 FRP REGIONAL # FRP-06-AR-00042 DATE 03/27/1997

Inspector Name	Myers Julian	EPA Region	06
Inspection Team Members	Rajeev Matthew David Crow Tom Cochill Julian Myers		
Name of Facility	ARKANSAS TERM & TRAD NORTH LITTLE ROCK		
Latitude	34-46 39	Longitude	092 10 52
Facility Address	2207 Central Airport Road		
City	NORTH LITTLE ROCK	County/ Parish	State AR Zip
Facility Contact	Bill House	Title	Terminal Manager
Telephone Number	501 945-4681		
Name of Owner/Operator	ARKANSAS TERM & TRAD		
Corporate Address	ARKANSAS TERMINALING & TRADING ROUTE 1 BOX 67A CENTRAL AIRPORT ROAD		
City	NORTH LITTLE ROCK	State	AR Zip 72117
Corporate Contact	Benny Webb	Title	Environmental Manager
Telephone Number	903 794 3845		
Synopsis Of Business	Bulk Oil Storage and Distribution		
How many employees at this Facility?	6		
If unmanned number of employees to operate the Facility?			
Sic Code	5171		
Route Of Entry	Out of secondary containment into wetlands associated with southern end of Stark Bend		
Distance To Waterway (in feet)	1 500		

### Acknowledgement of Inspection

Company Contact	Denny Nanoff	Title	Maint Supervisor
EPA / TAT Inspector		Title	

**Memorandum of Understanding (check all applicable descriptions)**

<input checked="" type="checkbox"/> Non Transportation Related		<input type="checkbox"/> Transportation Related	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> MMS	<input type="checkbox"/> USCG	<input type="checkbox"/> OPS
<input checked="" type="checkbox"/> Onshore	<input type="checkbox"/> Drilling (MMS)	<input type="checkbox"/> Over water Transfer (loading arms pipes Terminal)	<input type="checkbox"/> Inline/Breakout Tanks injected/reinjected for continuous pipeline operation
<input type="checkbox"/> Offshore	<input type="checkbox"/> Production (MMS)		
<input type="checkbox"/> Drilling (EPA)	<input type="checkbox"/> Storage (MMS)	<input type="checkbox"/> Only ballast tanks	
<input type="checkbox"/> Production (EPA)			
<input type="checkbox"/> Refining			
<input type="checkbox"/> In plant processing		<input type="checkbox"/> Tank washings from vessels	
<input type="checkbox"/> Waste Treatment			
<input checked="" type="checkbox"/> Storage (EPA)			
<input checked="" type="checkbox"/> Commercial			
<input type="checkbox"/> Agriculture			
<input type="checkbox"/> Industrial			
<input type="checkbox"/> Public			
<input checked="" type="checkbox"/> Load/Unloading Racks			
<input checked="" type="checkbox"/> In Facility pipelines			

**SPCC Part 112 1(b)**

<input type="checkbox"/> Drilling	<input type="checkbox"/> Producing	<input checked="" type="checkbox"/> Gathering	<input checked="" type="checkbox"/> Storing
<input type="checkbox"/> Processing	<input type="checkbox"/> Refining	<input checked="" type="checkbox"/> Transferring	<input checked="" type="checkbox"/> Distributing
<input type="checkbox"/> Consuming oil/oil products			

**Facility Type**

<input checked="" type="checkbox"/> Bulk Storage	<input type="checkbox"/> Gas Station/Convenience	<input checked="" type="checkbox"/> Petroleum Distributor	<input checked="" type="checkbox"/> Commercial
<input type="checkbox"/> Industrial	<input type="checkbox"/> Utilities	<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Federal (Non Military)	<input type="checkbox"/> Federal (Military)	<input type="checkbox"/> Air Taxi (Airline)	<input type="checkbox"/> Aircraft owner
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Contractor	<input type="checkbox"/> Farm	<input type="checkbox"/> Railroad
<input type="checkbox"/> Residential	<input type="checkbox"/> Trucking/Transport	<input type="checkbox"/> Trustee/Native American	<input type="checkbox"/> Other
Other _____			

**Does the Facility conform to any of the following industry standards (check all that apply)?**

<input type="checkbox"/> API 620 Design and Construction of Large Welded Low Pressure Storage Tanks	<input checked="" type="checkbox"/> API-650 Welded Steel Tanks for Oil Storage	<input type="checkbox"/> API 653 Tank Inspection Repair Alteration and Reconstruction	<input type="checkbox"/> API 2610 Design Construction Operation Maintenance and Inspection of Terminal and Tank Facilities
<input type="checkbox"/> UL 142 Steel Aboveground Tanks for Flammable and Combustible Liquids	<input type="checkbox"/> None	<input type="checkbox"/> Other Standard(s)	

List Standard(s) of facility \_\_\_\_\_

Facility Startup Date <u>07/16/1980</u>	Spcc Plan Required Date <input checked="" type="checkbox"/>																								
AST Storage Capacity(gal) <u>12 810 000</u>	UST Storage Capacity(gal) _____																								
Annual Oil throughput(gal) _____	Production Rates (gal) _____																								
SPCC Plan prepared <input checked="" type="radio"/> YES <input type="radio"/> NO	SPCC Plan available for review <input checked="" type="radio"/> YES <input type="radio"/> NO																								
SPCC Plan available (during a normal 8 hr day)? <input checked="" type="radio"/> YES <input type="radio"/> NO	SPCC Plan maintained on site? <input checked="" type="radio"/> YES <input type="radio"/> NO																								
Facility is <input type="radio"/> UNATTENDED <input checked="" type="radio"/> ATTENDED ( <input type="radio"/> Daily (8 hrs) <input checked="" type="radio"/> Daily (24 hrs) <input type="radio"/> Periodically )																									
SPCC Plan certified? <input checked="" type="radio"/> YES <input type="radio"/> NO	Date Of Certification <u>03/21/1997</u>																								
Name of Professional Engineer <u>Michael D Henderson</u>																									
License Number <u>5357</u>	State <u>AR</u>																								
SPCC Plan reviewed every three years? <input checked="" type="radio"/> YES <input type="radio"/> NO      SPCC Plan review sign off? <input checked="" type="radio"/> YES <input type="radio"/> NO																									
Does the SPCC Plan indicate that management has approved the plan? <input checked="" type="radio"/> YES <input type="radio"/> NO																									
Mgmt Personnel Name <u>Rick Shingleur</u>																									
Mgmt Personnel Title <u>Env Managers</u>																									
<p><b>Have there been any prior releases at this Facility?</b> <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>If YES provide date(s) spill size(gal) and source of information</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Date</td> <td style="width: 30%;">Spill size (gal)</td> <td style="width: 20%;">Info</td> <td style="width: 30%;">Source</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Date</td> <td>Spill size (gal)</td> <td>Info</td> <td>Source</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Date</td> <td>Spill size (gal)</td> <td>Info</td> <td>Source</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Date	Spill size (gal)	Info	Source	_____	_____	_____	_____	Date	Spill size (gal)	Info	Source	_____	_____	_____	_____	Date	Spill size (gal)	Info	Source	_____	_____	_____	_____
Date	Spill size (gal)	Info	Source																						
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Date	Spill size (gal)	Info	Source																						
_____	_____	_____	_____																						
Date	Spill size (gal)	Info	Source																						
_____	_____	_____	_____																						
Have there been reportable spills at this Facility per 40 CFR Part 110? <input type="radio"/> YES <input checked="" type="radio"/> NO																									
<p>Has the Facility had a spill of more than 1 000 gallons in the past 12 months? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>If YES provide    Date of Spill _____      Was Plan submitted per 40 CFR 112.4? <input type="radio"/> YES <input type="radio"/> NO</p>																									
<p>Has the Facility had two spills of a harmful quantity in the past 12 months? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>If YES provide    Date of Spill _____      Was Plan submitted per 40 CFR 112.4? <input type="radio"/> YES <input type="radio"/> NO</p>																									
<p>Has there been a change of facility design construction operation or maintenance which could affect the facility's potential for discharge? <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p>If YES describe</p> <p><u>Added two tanks #6 and #7 jet fuel</u></p>																									
Date of Latest Change <u>03/21/1997</u>	Date Plan Amended <u>03/21/1997</u>																								



	Plan Review	Field Inspection
<b>GENERAL TOPICS</b> 112 7 (b) (c) (d)		
Plan includes a prediction of equipment failure(s) which could result in a discharge from the Facility per 40 CFR 112 7 (b)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Plan discusses appropriate containment and/or diversionary structures or equipment per 40 CFR 112 7(c) Note Production Facility (i.e. process vessel)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Installation of structures or equipment listed in 112 7(c) was determined to be impracticable	<input type="radio"/> YES <input checked="" type="radio"/> NO	
If YES impracticability clearly demonstrated	<input type="radio"/> YES <input checked="" type="radio"/> NO	
If YES contingency plan per 40 CFR 109 provided	<input type="radio"/> YES <input checked="" type="radio"/> NO	
If YES written commitment of manpower provided	<input type="radio"/> YES <input checked="" type="radio"/> NO	
General Notes/Comments OK		
<b>INSPECTIONS AND RECORDS</b> 112 7 (e)(8)		
a Inspections required by 40 CFR 112 are in accordance with written procedures developed for the Facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b Written procedures and a record of inspections are signed by the appropriate supervisor or inspector	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c Written procedures and a record of inspections are made part of the SPCC Plan	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d Written procedures and a record of inspections are maintained for a period of three (3) years	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection OK		

	Plan Review	Field Inspection
<b>PERSONNEL TRAINING AND SPILL PREVENTION PROCEDURES 112 7(e)(10)</b>		
a Training on the operation and maintenance of equipment to prevent the discharge of oil and applicable pollution control laws rules and regulations	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input checked="" type="radio"/> Inad <input type="radio"/> N/A
b Designated person accountable for spill prevention	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c Spill prevention briefings scheduled periodically	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection  Pump off area drips Monitor wells have no caps Need oil spill training for field personnel		
<b>FACILITY DRAINAGE ONSHORE (excluding Production Facilities)</b>		
a From diked storage areas via valves (Note flapper type valves should not be used)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b Diked storage areas drained via pumps or ejectors	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
If YES are the pumps manually operated	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
c Storm water inspected prior to discharge from the diked storage areas (see Bulk storage Tanks e Drainage from diked areas )	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d From undiked areas into catchment basins	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
e If NO to b and d is there a diversion system to return spills to the Facility	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
f Is drainage water treated at the Facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection  Oil/water separator on site		


	Plan Review	Field Inspection
<b>BULK STORAGE TANKS ONSHORE (excluding production facilities) 112 7(e)(2)</b> Note See Tank and Secondary Containment Forms		
<b>a</b> Material and construction of tanks are compatible to the oil stored and the conditions of storage such as pressure and temperature etc	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
<b>b</b> All tank installations have secondary containment	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
<b>c</b> Secondary containment appears to be adequate	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
<b>d</b> Diked areas are sufficiently impervious	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
<b>e</b> Drainage from diked areas to on site treatment	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
If NO to e is the valve normally sealed closed	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If NO to e drainage from diked area is inspected	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If NO to e bypass valve is opened and resealed properly	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If NO to e adequate records of dike drainage are maintained	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
<b>f</b> Underground tanks at the Facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If YES to f protected from corrosion	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If YES to f subject to regular pressure testing	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
<b>g</b> Partially buried tanks at the Facility	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If YES are buried sections protected from corrosion	<input type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
<b>h</b> Aboveground tanks at this Facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
Does the plan indicate that visual inspections of the outside of tanks are performed?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Subject to periodic integrity testing for Hydrostatic	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Subject to periodic integrity testing for Magnetic particle	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Subject to periodic integrity testing for Penetrant dye	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Subject to periodic integrity testing for Ultrasonic	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Subject to periodic integrity testing for Radiographic	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Subject to periodic integrity testing for Acoustic Emissions	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Subject to periodic integrity testing for Laser	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Subject to periodic integrity testing for Visual	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Subject to periodic integrity testing for Other	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Records of inspections maintained	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Internal heating coils utilized	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
If YES steam return/exhaust monitored	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
External heating system utilized	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Tanks are fail safe engineered	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Audible high liquid level alarm	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A


	Plan Review	Field Inspection
Visual high liquid level alarm	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Automatic high liquid level pump cutoff	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Communications between gauger and pumping station	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
System of determining liquid level in tanks such as sensing devices (i e low high)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Direct vision gauges	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Sensing devices and/or gauges regularly tested	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
i Effluent discharges directly to navigable waters are observed frequently to detect oil spills?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
j Causes of oil leaks resulting in accumulations of oil in diked areas are promptly corrected?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
k Mobile or portable storage units at this Facility?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If YES to k are positioned to prevent spilled oil from reaching navigable water	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
If YES to k is a secondary means of containment provided	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
If YES to k are located in an area NOT subject to periodic flooding	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
l Have any tanks at this Facility been modified?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Have any tanks been permanently closed?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input checked="" type="radio"/> Inad <input type="radio"/> N/A
All liquid and sludge removed from each tank and connected lines?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Each tank rendered free of explosive vapor?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
All connecting lines blanked off and valves closed and locked?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input checked="" type="radio"/> Inad <input type="radio"/> N/A
Conspicuous signs posted on tank warning that it is a permanently closed tank?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input checked="" type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection		
High level alarms on tank 6 and 7 Facility is planning to install alarms on the remainder of the tanks by May 1997 No mention of permanently closed tanks in plan Status of out of service tanks in question		
FACILITY TRANSFER OPERATIONS PUMPING AND IN PLANT PROCESS ONSHORE (excluding Production Facilities) 112 7(e)(3)		
a Buried pipelines are corrosion protected?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b Not in service pipelines are capped and blank flanged and marked as to their origin?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
c Pipe supports are designed to minimize abrasion and corrosion and allow for expansion and contraction?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d Aboveground valves and pipelines are inspected regularly?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Daily?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Weekly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Frequency Monthly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Frequency Bi monthly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Frequency Annual?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Semi Annual?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Frequency other times?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A

	Plan Review	Field Inspection
Spill containment curbing system provided?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Spill containment drip pans system provided?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Spill containment sorbent materials system provided?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
No spill containment system provided?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Other spill containment system provided?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
e Periodic pressure testing of the valves and pipelines is conducted?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Daily?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Frequency Weekly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Frequency Monthly?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Frequency annual?	<input type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
f Vehicle traffic warned of aboveground and belowground pipelines?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection		
Plan does not mention the use of drip pans or sorbent materials No reference to pressure testing either		
FACILITY TANK CAR AND TANK TRUCK LOADING/UNLOADING RACK ONSHORE 112 7 (e)(4)		
a Rack drainage flows to catchment basin?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
b Rack drainage flows to a treatment system?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If NO to a or b is secondary containment used?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
c Is quick drainage system available?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d Is a system used to prevent departure before complete disconnect from transfer lines?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Interlock brake system (e.g. locking of air brakes)?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Physical barrier system (i.e. wheel chocks)?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input checked="" type="radio"/> N/A
Warning lights and/or signs?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Automatic shutdown system located at the tank vehicle loading rack?	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
e Vehicle inspection prior to transfer and departure?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection 		
SECURITY (excluding Production Facilities) 112.7(e)(9)		
a Facility is fully fenced?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b Entrance gates are locked and/or guarded?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c Master flow and drain valves are secured in closed position when in a non operating or standby status?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d Starter controls on pumps are locked in the 'off' position or located at a site accessible only to authorized personnel when in non operating or standby status?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A



	Plan Review	Field Inspection
e Transfer connection(s) of pipelines are capped or blank flanged when not in service?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
f Facility lighting appears to be adequate to facilitate the discovery of spills during hours of darkness and to deter vandalism?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection Sufficient lighting for continuous 24 hr operation 		
OIL PRODUCTION FACILITIES ONSHORE 112 7 (e)(5) Note See Tank and Secondary Containment Forms		
a Drains for the secondary containment systems at tank batteries and central treatment stations are closed and sealed at all times except when rainwater is being drained?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b Prior to drainage accumulated oil on the rainwater is picked up and returned to storage or properly disposed of?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c Field drainage ditches road ditches and oil traps sumps or skimmers are regularly inspected for oil	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Accumulated oil is removed?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d Aboveground tanks at this Facility	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Material and construction are compatible with the oil stored and the conditions of storage	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Secondary means of containment appears adequate	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Tank inspections are conducted periodically	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
By appropriate plant personnel	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Include tank foundation and supports	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Daily?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
Frequency Weekly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Monthly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Annual?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Tank battery installations fail safe engineered	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Adequate tank capacity to prevent tank overflow	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Overflow equalizing lines between tanks	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Vacuum protection to prevent tank collapse	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
High level alarms	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
e Facility transfer operations at this Facility	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Aboveground valves/pipelines examined periodically?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Daily?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Weekly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Monthly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Annual?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
Brine disposal facilities examined often?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Flowline maintenance program established?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Records of inspection maintained?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection		
OIL DRILLING AND WORKOVER FACILITIES OFFSHORE 112 7 (e)(7) Note See Tank and Secondary Containment Forms		
a Oil drainage collection equipment utilized?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Drains controlled/directed to central collection?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
b Sump system if used adequately sized?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Spare pump/equivalent method available?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Regularly scheduled preventative maintenance program to assure reliable operations of the liquid removal system and pump start up device?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
c Separators/treaters equipped with dump valves?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Measures in place should dump valve fail?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
d Atmospheric storage/surge tanks equipped with high level sensing devices?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
e Pressure tanks equipped with high and low pressure sensing devices?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
f Tanks have corrosion protection measures?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
g Written procedure for inspecting and testing pollution prevention equipment and systems prepared?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Written procedure maintained at the Facility?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Written procedure included in SPCC Plan?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Inspections and tests conducted periodically?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Daily?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Weekly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Monthly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Annual?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
h Surface and subsurface well shut in valves and devices are sufficiently described?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Detailed records for each well maintained?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
i Blowout preventer (BOP) assembly utilized in accordance with state regulatory agency requirements?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
j Well control measures provided in the event of emergency conditions?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
k Written instructions are prepared for contractors and subcontractors by the owner or operator?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Such instructions are maintained at the Facility?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
l Manifolds are equipped with check valves?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A

	Plan Review	Field Inspection
m Flowlines are equipped with high pressure sensing device and shutting valve at the wellhead?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
If NO is a pressure relief system provided?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
n Pipelines have corrosion protection?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
o Sub marine pipelines are stress protected?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Sub marine pipelines are inspected periodically?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Daily?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Weekly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Monthly?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Frequency Annual?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Other frequency?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Inspections are documented and maintained?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adeq <input type="radio"/> Inad <input type="radio"/> N/A
Comments based on inspection		